The History of Massage and Its Relevance to Today's Practitioner

by

Richard P. van Why

Copyright (c) 1992 Richard P. van Why.
All rights reserved.

Address inquiries to the author at:
205 Del Baso Boulevard
Wappingers Falls, NY, 12590

This paper presents the full text
of papers delivered at meetings of
The **American Massage Therapy Association**, 1991, Palm Springs, CA,
and the **American Massage Therapy Association**, New York Chapter, 1992,
Saratoga Springs, NY,
but it includes additional material for which
there was which insufficient time to present
at these meetings.

Introduction

My talk concerns the history of massage and how it's relevant to today's massage practitioner.

It's a timely topic right now because there's so much discussion going on concerning what massage is as a discipline, what are its proper methods, when is it appropriate to use it, what is its relationship to other disciplines, how much and what kind of training is necessary to effectively practice it, what kind of regulation is necessary to protect the public and maintain the highest professional standards.

I will try to answer some of these concerns based on my reading of the more than three thousand journal articles and over one hundred books, dissertations and theses, which comprise **THE BODYWORK KNOWLEDGEBASE**, an indexed archive to all knowledge in our field in English.

In this task I have no axe to grind, no cause to advance. I seek the truth. These words are not the last word on the subject, but they are a start at understanding what is now based on what has really gone before.

I am scheduled to speak for three hours. I will speak continuously for about two and a half hours, and then I will open up to questions and discussion. Please, no questions or comments until I finish speaking.

Let's begin!

The Antiquity of Massage

Massage has a great literature associated with it both in number of works and in stature.

The literature of massage goes back to China of around 2600 B.C., and it has been known to the West, celebrated, and extensively studied for almost three hundred years. The first book on massage was written by the Taoist priest-physician, **Tao-Tse**.

And it was from China that massage was brought to Japan and India, where these cultures developed an extensive massage literature of their own.

Massage was known to the countries of the biblical world, and friends and adversaries in that tradition embraced it for its preventative and therapeutic benefits: Jews, Egyptians, Assyrians, Babylonians, Persians and Phoenicians. It was described in the Old and New Testaments, the Koran, the Talmud, and other sacred and secular works.

Massage entered Europe around the eighth century B.C., and it quickly became part of the health practices of the Greeks and Romans. Many physicians wrote books on massage considered authoritative until near-recent times.

When the Roman Empire fell, massage was taken up by the Islamic Empire until, by conquest and trade, it returned to the West. Great Persian and Arabic physicians wrote many influential books, which echoed the Greek and Roman esteem for massage.

In Europe again, massage was taken up with vigor in the emergent university medical schools and, by virtue of the many ancient and Islamic physicians who esteemed it, massage became an integral part of medicine from the Renaissance through the Enlightenment.

Some of the greatest European medical scholars and teachers spoke highly of massage, though not by that name,and used it extensively, including—**Thomas Sydenham**, who was called "the British **Hippocrates**," **William Harvey**, who discovered the circulation of the blood, **Ambrose Pare**, who was called the "father of modern surgery," **John Bartholin** and **John Henry Meibomius**, great anatomists, and **Nicolas Andry de Bois Regard**, the founder of orthopedic medicine.

During the eighteenth century three great system builders emerged, each of whom inspired the next to go further toward developing a refined system of medical gymnastics: **Francis Fuller**, **Clement-Joseph Tissot** and **Per Henrik Ling**.

Ling succeeded beyond anyone's expectations. He obtained state support to establish a research and a teaching institute, and through it won international recognition and acclaim. Through his efforts, movement therapy: massage and exercise, was poised to explode again into the world.

During the 1840's the first writings by **Ling** appeared posthumously, and the stirrings of a literature emerged in England and in Germany. There were many books on massage and medical gymnastics, but they had been written over centuries.

Then, beginning in the 1850's and continuing throughout the century our literature grew almost exponentially. More than three hundred journal articles were published in English alone during each of the last two decades of the century, and the English were less prolific than the Scandinavians or the Germans.

Even after that, as massage retrenched and re-expanded several times, journal articles numbered at least one hundred per decade through the 1930's, and almost all of these appeared in mainline medical and allied health journals.

But during and after World War II, and until recently, there was a great falling off, a leveling of the literature.

Today's massage literature is vital. And there has been since the 1950's an almost exponential increase in the number of journal articles written once again. During these three years of the 1990's, more has been written about massage in English than during all of the 1950's, the darkest age of massage in modern times.But though more has been written, it has been written with less depth and complexity than in the time before World War II.

Professional Focus of the Literature

This literature has been and remains one proper to medicine, athletics and the allied health sciences. Since ancient times, it has primarily been that of physicians writing to other physicians in textbooks, lectures and journal articles. This was especially the case during the nineteenth century.

Many works have appeared in journals of the **American Medical Association**, the **British Medical Association**, and in many learned and respected specialty journals, both national and regional.

During the twentieth century a lay literature emerged as the disciplines of nursing, physical and occupational therapy, and physical education came into being and gained stature, and this trend has continued. And lay practitioners of massage and medical gymnastics provided the recruits and the theorists for these emergent professions, though many would not go over and remained independent.

Today's generation of massage therapists via **AMTA**'s refusal to submit to direction by physicians as part of its organizational principles have continued this independent tradition.

Status of the International Literature on Massage

But though the independent massage practitioners of the past contributed a significant literature, which was received and favorably evaluated by medicine and the other health professions, the current generation of massage therapists, those who have published since World War II, are out of sight to mainline health care providers and consequently, they are out of mind as well. For though in the past the *Posse Gymnasium Journal* and the *Journal of the Chartered Society of Massage and Medical Gymnastics* were broadly esteemed, *Massage Therapy Journal* and *Massage Magazine*, the two leading publications in the field today, are received by no indexing services, not even *Reader's Guide to Periodical Literature*, and, as library and professional acquisitions are geared to publicly visible works, these journals and the field they represent are lost to the very institutions and practitioners who in times past would have known them intimately.

When the world literature on massage is considered in its entirety, there are more than a thousand books, dissertations and theses, and more than ten thousand journal articles in twenty-nine languages scattered in libraries around the world.A vast literature now exists waiting to be tapped, waiting to be used.

But though our literature is very large, most of it is hard to find and difficult to use. It requires facility with the many languages in which it was written, or a coordinated organizational effort to evaluate it and make its relevance known to us today. But no such program exists today, and the trend in America is exaltation of English to the exclusion of all other languages.Foreign journals are now publishing in English,and what they publish contains only what is consumable in America. So rich foreign traditions. which have valued massage are being lost to us.

Our literature is widely scattered and often requires extensive travel to see it. It is often in fragile condition in even the finest libraries and access

to it is often severely limited. It is strewn across the contents of almost three hundred indexes from around the world. These require great skill to use, and patience, and are not readily available outside of major research libraries. Older indexes and library card catalogs often index capriciously and massage is usually not the header under which massage oriented articles appear. This forces creativity in literature searching, which is time-consuming. So, at first sight, the literature looks small, when actually it is immense.

Who Am I, What Do I Do, and Why

I have spent four years discovering this literature, as I have set out this task before me: to identify, index, archive, and make available and useful to today's massage practitioner the sum total of man's knowledge on the subject in English. Thus, my research forms a bridge between yesterday and today, and it makes available in one place what has never been available to this extent to anyone interested in massage before.

I support myself and my research, not through any organizational grant, though AMTA provided one in 1991, but only through the contributions of massage schools and private practitioners who purchase, mostly on a subscription basis, the fruits of my research, which include: reprints of historically important books; all dissertations and academic theses on the subject; bound, indexed copies of every journal article on massage ever published in English, complete in twenty volumes; school curricula designed to teach the history of massage, the physiological effects of massage, and the benefits of massage for geriatrics; cumulative indexes to the massage literature; Instructional Wall Art, which presents excerpts from the most eloquent writings on massage; and soon to be released, a biographical dictionary of all contributors to knowledge in our field;a historical dictionary of all terminology relating to massage therapy, and a comprehensive history of massage therapy.

Why Study the History of Massage

The study of massage as revealed by our literature is not an arcane enterprise of merely academic interest. It is essential for all would-be massage professionals to be guided by it: It defines our field, what it is and what are its techniques, and without it we do not have a discipline. It defines our field as substantial, carrying weight, credence and authority. The longer our history, the more extensive our literature, the more loudly and credibly we can make that claim. It provides a guide by which we may powerfully train students and graduate the most skilled practitioners. Informed by history, massage practitioners can understand how and why massage got to be where it is today, and they can make collective and personal decisions so as to capitalize on advantages and avoid pitfalls. It empowers all who study it because in history we are not one but many speaking in a single voice as to the established benefits of what we as individuals merely believe. (Belief alone is insufficient, and given the breadth and depth of our literature, it is unnecessary.)

Massage is Fundamentally Mainstream and Conservative

Massage is fundamentally mainstream, and it is not fringe anything, be it medicine, athletic conditioning or personal care. It has been associated with medicine in the East for five millennia, and in the West for three.millennia..Through the writings of **Hippocrates**, "the father of Western medicine," it has come down to us as something to be esteemed. It has come to us through the writings of the later Greeks and Romans: **Celsus, Galen, Soranus, Aesclepiades** and **Coelius Aurelianus**, who were until recent times considered authorities on whom to rely when seeking to know in medicine. They all esteemed massage. The later physicians of Rome, of the Islamic Empire, and of Renaissance and Early Modern Europe looked to these authorities for guidance and understanding. Their words and their thoughts were esteemed above all else in diagnostics and therapeutics, in practice and in medical education. These later writers dutifully cited them and expanded on their ideas in many areas, including

massage. During the Enlightenment, likewise, physicians and educated laymen looked lack to these authorities, and anchored in the past moved ahead. During the nineteenth century, two massage traditions continued, both considered mainstream: The 'pure' tradition looked back to the ancients directly, but the 'modified' tradition looked back to the ancients through the eyes of **Ling**. Each tradition applied this **Hippocratic** approach dutifully and with zeal, (as conservative an approach to knowing in medicine as massage is a conservative method of medicine):

To know in medicine, first look back. Discover all that has gone before. Understand thoroughly its strengths and weaknesses. Match your understandings against your clinical experience. Do the ideas measure up? If they do, strive to refine the method even further, making your own little contribution. If they do not, act to modify the method if you can and, if not, strike out on an entirely new path. Remember, you are part of a chain of knowledge. Give credit to those who have gone before. Write, teach and build a literature. But if your do otherwise, you will be deceived, and will deceive others.

This far looking backward approach continued in medicine and in allied health into the 1940's, but it was mortally wounded during the war, and by 1960 it was dead.

Contemporary arguments for massage pay lip service to its mainstream traditions. Rather, maverick approaches are looked to for our 'true' origins: osteopathy, chiropractic, naturopathy, and the 'new age,' and alliances for future progress are sought there.

But these visions are out of sync with our traditions. They are wrong. We must affirm our fundamental conservatism, and re-connect with our colleagues in the mainline health sciences if we are to survive and thrive.

Massage is Fundamentally a Part of Medicine and Embodies Both Prevention and Therapy

Massage is an integral part of medicine both in its preventative and its therapeutic aspect. The most ancient advocates of massage, the Chinese, the Japanese and the Hindus, saw massage in these two guises, and it was in

both that it grew in Mesopotamia and the Mediterranean basin. In Greece and Rome it grew out of their most important social institution: the gymnasium, in which citizens sought to develop perfection of body and mind. Massage as prevention was intimately bound to massage as treatment, and both were undertaken there.The idea of massage as prevention was considered identical with that of massage for conditioning in physical or athletic training. Physical exercise was a daily duty of all and massage prepared the body for it and followed it to prepare the athlete to return to the everyday duties of life. The **Apotherapia** of Greece and Rome was the first systematic sports massage for everyday athletes. It consisted of rounds of anointing with oils, bathing and massage, to prepare the body for intense activity, and to wind it down afterwards. Olympic contenders used it as well as slaves fighting to the death for the pleasure of the citizenry. Soldiers used it as well as administrators.This same kind of massage was integral to the treatment of many of the diseases of the Greeks, the Romans, and even the Israelites, but it was performed here by more experienced practitioners, usually physicians, with greater skill in the treatment of disease.In the Islamic Empire, the Persian philosopher-physician, **Avicenna**, wrote extensively about these dual uses, and the two approaches co-existed according to the dictum of **Celsus** that, "The best medicine is to need no medicine." During the Renaissance, **Mercuriali** rediscovered the *Apotherapia* for everyday athletes, and many great teachers of medicine, including **Paracelsus** and **Fabricius** proclaimed that regular frictions were necessary to assure long life.Later, physicians to two kings, **Francois I** of France and **Frederick the Great** of Prussia, spoke strongly on the preventive benefits of massage and the *Apotherapia*. Philosophers, clergymen and prominent statesmen also argued such claims. With **Ling**, the medical gymnastics of which massage was a part grew out of gymnastics for the healthy: for students in schools, for workers in industry, for soldiers—all everyday athletes contending for their survival in a hard world.

For **Ling**, it was the duty of gymnastics to condition the body to support the work of the mind. There was no artificial cleavage between the physical athlete and the intellectual athlete. The ideal was a unity. (In the modern world, the ancient and **Lingian** ideal converge in the *Rhodes scholar*, simultaneously an honor student and an accomplished athlete in several sports in college.)

The proponents of **Ling** through the 1920's advocated these dual uses, and the *physical education movement*, which emerged in the United States and England during the 1880's out of the successful *medical gymnastics movement*, was grounded in this ideal. But *Physical Education*, or the preventive health movement, went its own separate way, and quickly lost interest in massage. Exercise alone became the vehicle by which perfect health could be attained.Indeed, some equated massage with sloth,and said it was to be avoided not only on scientific grounds so-called, but on moral grounds as well. And this tradition continues today.

Massage, too, was severed from *medical gymnastics* during the 1870's due to the charismatic influence of the Dutchman, **Johan Georg Mezger**. It alone became yoked to treatment, in the eyes of his followers, though active or resistive movements could sometimes play a minor role in treatment.Thus, by this influence, massage dominated the field to the neglect of exercise for more than fifty years. It lost sight of prevention.

What is needed today is a re-unification of approaches in the classical mold: massage and exercise working hand in hand consistent with our great tradition.

Massage is by Tradition and Intuitive Appeal not a Standalone Modality

Massage proper has only recently become a therapy in its own right; In the broad panorama of history, it has always been a part of something else.To the Greeks and Romans, massage was known by many names: Hippocrates called it anatripsis, which means to rub up. **Galen** and **Celsus** called it *tripsis* and *frictio*, respectively, both of which mean the same thing, to rub. But rubbing was rarely applied alone. It was considered but one of the tools of medicine and methods of gymnastics.

From the Greeks through **Ling**, and into the 1920's, massage was considered a passive form of exercise. **Ling** didn't even know the word, massage, but called the various massage-like manoeuvres, *Passive Movements* because they were applied upon another by his consent, but without his willful effort. For these diverse peoples, massage was applied prior to and

following exercise for conditioning, and in combination or in sequence in treatment.

Other modalities were also traditionally applied. Gymnasiums since ancient times were typically connected to baths or thermal springs. (The tradition of taking the "cure" in Europe at a health spa continues this tradition into the present day, but in America the health spa tradition perished during the nineteenth century.) Massage, exercise and bathing using air and water for the administration of thermal agents has always been intimately connected.

Anointing with oils, likewise, has been associated with massage since ancient times, where it was called the *Aliptic Art*. This art was already in decline during the nineteenth century when it was absorbed by the growing discipline of pharmacy, and once absorbed it was sterilized, and lost its intimate connection to massage. (The *Aromatherapy* movement of today barely approaches the *Aliptic* ideal of our past.)

But the goal of all these modalities has been the same: to tangibly benefit the recipient. And physicians believed that all appropriate remedies should be considered when giving care. Many journal articles have appeared during the past two centuries which support this strategic view of the use of remedies by physicians, and some have argued persuasively that it is the strategic approach that separates a physician from a lesser practitioner.

But, whatever, massage was but one remedy among many, to be used as appropriate. And this multi-modal view in which massage played an important role led in part to the emergence of the discipline of *physical therapy* out of the that of medical gymnastics. A broader category was needed, to explain what masseurs and medical gymnasts did, and the Greek root *physikos*, which means natural, provided it. The term was a controversial one, as it bucked tradition, but it was coined and eventually accepted to make clear the complex nature of the interventions medical gymnasts and masseurs then performed—much more than merely exercises and hands on therapeutics. This view was further affirmed by the **American Medical Association**'s **Council on Physical Therapy** during the 1920's and the 1930's, in which massage, heat, cold, exercise, water and electricity were seen as the essential tools of a single class of lay practitioners to be applied as medically appropriate under the supervision of physicians. In England, the **Incorporated Society of Trained Masseuses** was organized dur-

ing the 1890's to better regulate training and performance in the above aspects of the craft of massage, all of which were considered a part of it.

What Constitutes Massage and Massage Therapy as a Discipline

According to our traditions, massage is an art and a science which involves the systematic application of pressure to produce a benefit.

The question of what is massage proper is a timely one, and one for which there exists no consensus view today. Our forebears themselves established no standard definition of it, but when we look at all that has been written about massage seeking a consensus view, certain core characteristics emerge: It refers to a group of physical methods used to preserve health or treat disease characterized by movements applied by the hand or devices held in the hand of an operator upon a recipient who passively accepts the manoeuvres without volitional effort. The manoeuvres act on the body one part at a time, and involve movement at the joint within its normal range of motion only to re-position the body or to stretch a muscle to some optimum point to more effectively grasp it. The specific movements involve the use of sustained pressure or pressure with motion. The specific strokes have been classified in many different ways, both simple and very complex. Today, it is customary to use the French terminology of **Mezger**, and a simple classification: effleurage, petrissage, massage a friction, tapotement and vibration.

Closely connected with massage, but not proper to it is the other *Passive Movement*: the therapeutic movement of the extremities within their normal range of motion.

But resistive and active exercises, both for stretching and strengthening, are usually necessarily a part of treatment also, both by tradition and by intuitive appeal.

Massage is only a recent term, and it may be inadequate for today's needs. The term, massage, though comprised of ancient roots, derived from Greek, Latin, Sanskrit and Arabic, is of very recent origin.It was coined by the Frenchman, **LePage**, in the 1820's, and it was catalogued

and entered the medical lexicon of Europe by **Piorry**, then it was promptly forgotten. It was revived by **Estradere** during the 1860's. Prior to his day, it was called friction, which means rubbing. **Ling**'s followers called it by the specific names of the strokes given, by the class of intervention, *Passive Movements*, or by the name of the system of treatment, the *Swedish Movement Cure*. The word, massage, was popularized in Europe and the United States by the disciples of **Mezger**, who was considered the *"father of scientific massage."* It was introduced in the United States in 1874, and quickly became popular. The terminology of **Ling** and the *Swedish Movements* vanished. Massage was advocated as the best name for these pressure-movements because at the time—during the 1880's—the name was so well established in Europe and the United States, and was strongly associated with treatment and accepted within medicine. But during the late nineteenth century as problems occurred which tarnished the reputation of massage, the actions of massage continued, but many new names for it emerged, which confused would be practitioners and clients: but *vibration therapy*, *zonetherapy*, *advanced therapeutics*, and *physiological therapeutics* spared a new generation the embarrassment associated with a damaged name.

Massage, as the name for a discipline consisting of masseurs and masseuses, has had an even shorter life than it has had as the name for a class of therapeutics, and there has been much argument connected with its legitimacy. Unskilled practitioners, were considered merely *rubbers*, a term of contempt through the nineteenth century. That's why **William Murrell** in 1890 proposed the term, *massotherapeutics*, to distinguish highly skilled practitioners of pressure movements from hacks, but the name failed to catch on. The name, *medical gymnast*, remained popular, but was inaccurate for the new class of practitioners who applied only massage, and the term, *physical therapist*, which was coined to take account of the complex responsibilities that medical gymnasts had lately assumed was too all-embracing also.

Now, in the late twentieth century, the old controversy of names has reappeared. Practitioners who practice primarily massage repudiate the names, *masseur* and *masseuse*, as archaic and too narrow, to account clearly for all that they do; they prefer the name, *massage therapist*, which is consistent with the tradition of the past 120 years. Practitioners of

broader modalities argue that movement is the most important feature of their approach, and they resist being called massage therapists and being regulated as such, although massage is a part of what they do.Part of their resistance is grounded in our most ancient traditions and is justified on those grounds, though part of the resistance may involve a wish for laissez faire capitalist therapeutics to continue to grow unfettered by regulation or the communal standards of a group which demands proof of safety and effectiveness. Given the tarnished image of the word, massage, in many people's minds, perhaps a more all embracing name for the movement therapies of which massage is a part, and association and regulation at that level, might be appropriate to consider once again.

Massage is an Idea Compatible with Many Visions of Medicine

Massage is an all-embracing idea, and is compatible with diverse approaches to medicine:

Homeopathy, for instance, is not merely an approach to dispensing weak dilutions of "harmless" drugs as many believe. It is a system of medicine first proposed in nineteenth century Germany, which gained broad popularity in England and America. It was grounded in a principle called the *"law of similars."* It focused on the means to produce a benefit, and sought to harmonize with nature, by using means similar to those which produced the disease.

In massage and medical gymnastics, the *homeopathic* approach was first proposed by the founder of orthopedic medicine, **Nicolas Andry de Bois Regard**, a century before **Samuel Hahnemann**, the founder of *homeopathy* was born, with the dictum that "Deformities due to one form of movement may be corrected by an opposite form of movement."

During the 1850's, **Mathias Roth**, who studied with **Ling**, introduced the *Swedish Movements* to England through the emergent *homeopathic* journal literature. **Roth** was himself an esteemed co-founder of *homeopathy* in England, and the *Swedish Movements* were warmly received through this forum, though *homeopathic* fundamentalists argued that the

Swedish Movements were contrary to the letter of *homeopathic* doctrine, which dictated reliance on pharmaceuticals according to the *"law of infinitesimals,"* which stated that the potency of a remedy varied in inverse proportion to it concentration, not an intuitively appealing idea. (Even the other two *Swedish Gymnasts*, who studied with **Ling** and settled in England, **Karl Augustus Georgii** and **Govert Indebetou**, were warmly received by the *homeopaths*.) **Roth** was an orthopedist and treated primarily disorders of motion: paralysis and spinal curvatures. He was certainly familiar with **Nicolas Andry**, and knew well his dictum.

Later in the 1850's the first American to study **Ling**'s methods, **Charles Fayette Taylor**, himself a leader in American *homeopathy*, arrived in England and studied under **Roth**'s tutelage. **Taylor** argued that *medical gymnastics* was *homeopathic* in principle, if not exactly in fact, and that it should gain a hearing in the *homeopathic* literature firstly because *homeopaths* are essentially liberal, pragmatic people who are willing to apply all remedies that work for the benefit of their patients, unfettered by dogma. **Taylor** was also an orthopedist who preferentially treated chronic disorders of motion.

Massage and *medical gymnastics* for the treatment of spinal injuries and deformities, for palsy and paralysis, has been written about extensively throughout the literature of massage, and treatment by gymnastic principles in such circumstances is essentially *homeopathic*.

Allopathy focuses on the ends of treatment. It starts with signs and symptoms and seeks to remedy them by producing an opposite effect. **Hahnemann** himself gave us this name for followers of a doctrine seemingly opposed to his own. But this approach is not incompatible with the *homeopathic*. It complements it.

Thus, when **Nicolas Andry** proposed his maxim on the benefits of movement, he sought to produce the opposite effect: the removal of the deformity. So did **Roth** and **Taylor**. **Hippocrates**, in the earliest Western prescription of massage treatment, proposed massage to relieve pain and restore function in the case of a dislocated shoulder, an *allopathic* approach. Likewise, **Celsus**, **Galen**, **Avicenna** and many others focused primarily on clinical presentation and how to change it. **Hippocrates** prescribed opium for severe pain. **Galen** proposed massage to relieve inflammation. These are *allopathic* approaches, every one.

The vision of *Pharmacy* and *Pharmacology* is not incompatible with massage. At the turn of the century the journal, *Pharmaceutical Advance*, published artwork celebrating massage, and articles on the analgesic benefits of massage. The value of massage as an analgesic was well known to the ancients. And two pioneers in the field of anesthesiology, **William Henry FitzGerald**, with *pressure anesthesia* or *zonetherapy*, and **Ronald Melzack**, "father of the gate control theory of pain," advocated massage. During the nineteenth century, **A.J. Baker**, a Colorado physician, remarked, consistent with medical opinion in his day that massage ought to be treated just like drug therapy, as a method carrying similar risks and benefits, and requiring careful, knowing application. Journal articles throughout history have detailed the indirect *pharmaceutical* effects of massage, in which massage stimulates the body to produce or release beneficial substances.

Among the many *pharmaceutical* effects of massage are the analgesic, anti-inflammatory, diuretic, diaphoretic, hemodilutant, hemostatic, psycho, immuno, and osseo-stimulant, cardiotonic, serotonergic, histaminergic and antiemetic. Massage has been linked to the release of endorphins, endogenous opioids, forty times more potent than morphine. And recently, articles have appeared in the prestigious British journal, *General Pharmacology*, documenting pharmaceutical benefits of massage.

Massage has played a greater role in *surgery* than in any other branch of medicine. It has served not only as an adjunct to operative *surgery* to accelerate recovery or to prevent complications, it has served as one of the tools of *surgery* to be used as an alternative to operative interventions.

During the Renaissance, **Ambrose Pare**, in the first modern textbook of *surgery*, described three specific massage techniques, and how and when to apply them. He saw himself as a *cheir-ugeon*, Greek for *skilled healer with the hand.* And in those olden days of *surgery* with unsophisticated surgical techniques, without asepsis and with consequent high mortality due to infection, *manipulative surgery* was seen as a godsend as a *surgeon*'s career, indeed his continued life, was closely linked to his success in the operating theatre. Many prominent teachers of *surgery* esteemed massage, including **Paracelsus**, **Fabricius** and **Nicolas Andry**. During the nineteenth and twentieth centuries, under the influence of **Ling**, orthopedic *surgeons* were among its leading proponents. Massage was introduced into

hospitals during the 1880's largely due to the influence of *surgeons*. Massage-oriented *surgeons* pioneered bloodless surgery in orthopedics, gynecology, cardiology, ophthalmology and otorhinolaryngology.Even today, massage is affirmed as a tool of dermatology and plastic surgery in the professional journals of these fields for the prevention and management of post-operative scars, keloids, capsules and adhesions.

Massage may embody all four medical approaches simultaneously:The four ways of viewing medicine do not always converge, but sometimes they do. Take **Ronald Melzack**'s theory of *Hyperstimulation Analgesia*, which seeks to explain why certain forms of intense sensory stimulation over acupuncture points may powerfully relieve pain. He noted that intense stimuli, such as the application of sustained pressure (*acupressure*), *ice massage*, dry needling, or the injection of diverse, inert and pharmaco-active substances often relieve severe musculoskeletal pain—an *allopathic* focus. But to relieve that pain, he observed, these methods cause a certain measure of pain in the process. This no pain no gain focus is essentially *homeopathic*. He noted that many highly skilled manual methods could be applied to accomplish the goal, a *surgical* focus. He further observed that the pain relief was obtained by the body releasing natural pain killing substances, a *pharmacological* perspective.

Another complex employment of these diverse perspectives in medicine is employed by **Keith Lewis**, a lay massage practitioner from Utah. He employs massage using vibrators mounted to his hands, and seeks to stress a spastic muscle by sustained pressure to release—a *surgical* approach. His goal is to relieve spasm and reduce pain—an *allopathic* perspective. The pressure and the vibration produce analgesia by different chemical means—a *pharmaceutical* approach. The sustained pressure exacerbates the hypertonicity to the point of rapid fatigue—a *homeopathic* perspective.

Thus, massage may be seen, as a field upon which seemingly opposite and contrary visions of disease and its treatment are reconciled.

Massage is a Learned Profession and Not Merely a Trade

Massage is a learned discipline, and only recently has it been reduced to merely a vocation. It requires lifelong training and solid grounding in the liberal arts, the sciences, and in technique. And while the arts and sciences may be learned and mastered in a variety of ways, technique may be learned and mastered only under the personal instruction of a master teacher.

In the Western tradition of Greece and Rome, *medical gymnastics* and massage arose in the gymnasium. Students were taught to seek perfection of body and mind and both aspects of education were rigorously taught. Gymnastics teachers, or *paedotribes*, were thoroughly grounded in theory in their basic studies there, and by practical experience under a master teacher learned the rest. The *aliptae* and *unctores* who performed the *Apotherapia* at the public baths were usually slaves taught only what they had to know to do their jobs. They learned to use their hands alone and their skills varied greatly. They managed conditioning massage fairly well, but their skills in therapeutic massage were mocked and scorned as consistent with their education and knowledge of anatomy and physiology. Would-be physicians in Greece, Rome and the Islamic Empire learned their craft in medical schools, post-gymnasium institutions of learning, or through intensive mentorship with a learned teacher. Their training was intensely practical, but also firmly grounded in the writings of ancient authorities. During the Renaissance and later, medicine and massage were revived in the emergent universities and post-graduate medical schools. Programs were both practical and theoretical, and were rigorous. Access to knowledge was limited initially to speakers of Latin, and later to speakers of the modern European languages. These physicians were a specialized, privileged class who dutifully followed a path of lifelong learning and urged followers in on the same manner.

Physician practitioners of massage up to the time of **Ling** were well educated, and this was not optional. It was a prerequisite to their practice in the world. By **Ling**'s day at the **Royal Central Gymnastic Institute**, which he founded, training of medical gymnasts remained rigorous, though

perhaps less so than at the universities. Ling thought that three to five years was the minimum time required to teach a layman total proficiency in his method, including the basics of science. He settled on a two year course of study for laymen and a one year course of study for physicians. His program was imitated by the first 39 schools of massage in the world, which were founded in the countries of Europe within ten years of his death. Lay students first studied and mastered through examination anatomy, physiology, pathology, biomechanics and physical assessment. After that they learned through classroom study and practice on each other, his technique. Upon mastery, demonstrated here to a master teacher, they were required to work in a supervised clinic on patients referred by physicians. Only having completed all these course requirements were they allowed to take practical and written examinations. If they passed, they were awarded a degree, which was considered very, very prestigious throughout Europe and in the United States.

During the nineteenth century, massage was taught in the curricula of many medical schools in the United States, Sweden and Germany. Lay practitioners and medical students often studied together. But by the turn of the century, massage was rarely taught at all at the college level. In England and in America, educational standards for the training of massage practitioners varied greatly, and there were no governmental or industry standards to govern quality. As massage became more in demand, training programs became briefer in the rush to match supply with demand. Physicians were increasingly occupied with other duties and did not learn it, could not perform it, and did not how to prescribe or supervise it. Laymen learned it, but the quality of training varied. As nursing was established as a profession during the 1890's, nursing schools rushed to offer massage training, but programs were dismally short, sometimes not more than 30 hours—a minimal standard for which we castigate many of our schools of physical therapy today.Standards were higher in England than in America, but not sufficiently high to shield nurse massage practitioners against attack by the medical profession for laxity of standards. In 1894 the massage scandals were exposed by a Committee of the **British Medical Association**, and soon what was seen as only a British problem was revealed as American also. Published inquiries revealed that many fraudulent programs for massage education were established, which em-

ployed untrained and incompetent teachers, recruited not even minimally prepared students, and offered certificates which granted high sounding credentials, which were often merely "receipts for monies paid."

In England, the **Incorporated Society of Trained Masseuses** was established during the 1890's to better insure the quality of massage education, but membership was voluntary, and so its success was incomplete. In America, the **Lingian** *Medical and Educational Gymnastics Movement* preceded the *Physical Education Movement*, which in turn provided recruits for training in the emergent discipline of *Physical Therapy*—in the last two cases at the college level, just as in the **Lingian** gymnastics schools training as an *educational gymnast* preceded training as a *medical gymnast.*

But even as the subject matter of massage and *medical gymnastics* has continued to expand, standards for massage education have either continued to decline, or have not kept pace with developments in the field. Thus, of the many schools in existence today only a few offer programs comparable to those of the best years of our past. In some places there are no educational requirements at all and no licensing. Other places require a mere 100 or 300 or 500 hours of training, and make post-graduate training totally discretionary with the student. Yet, this is contrary to our traditions, and to the great depth and breadth of knowledge in our field. We must reconsider how we recruit and train students, and what curricula are appropriate to prepare the best massage practitioners to recapture our rich heritage.

Massage is Not a Natural Ally of Current or former "Health Cults"

Massage is not identical with nor is it a natural ally of manipulative osteopathy or chiropractic, but many massage therapists of today have bought the myth that massage is essentially an outcast to mainline medicine in the same way they these other manual modalities have have been. They see an alliance with these approaches as an alternative to a stodgy, narrow-minded vision of health care and inflexible ways of determining the value of ideas. They see in these approaches successful alternatives to mainline medicine.

The view seems to be: they bucked the system and they prevailed because of the inherent superiority of their methods. They prevailed and so can we.

But massage has never in its history been considered a peer of these visions of care. While these approaches represented outsiders looking in, until recently massage was an insider approach. And even in the darkest hour of massage, its reputation in doubt, still the prevailing view in medicine was: Chiropractors and manipulative osteopaths often help patients just as well-trained massage therapists do. But only massage therapy is firmly grounded in anatomy, physiology and pathology. Thus, the benefits of massage may be argued on the basis of known physiologic laws without recourse to curious or speculative theories. For instance, of osteopaths, it was said at the turn of the century, that they were at most, ill-trained Swedish gymnasts backed up by an inane theory. Chiropractors were even less esteemed because of their adamant belief in subluxation theory, and the explanation of all problems as fundamentally spinal. Many journal articles appeared in the pre-World War I period, as chiropractic and osteopathy advanced, while massage floundered, pleading with physicians that their reliance on well-trained masseurs and *medical gymnastics* would spell the deserved death knell to chiropraxis and osteopathy. But massage continued to decline and soon insider became outsider, while in recent decades the outsiders have begun to resemble insiders thanks in large part to higher educational standards, national certification examinations and rigorous self-policing. Yet, it is a matter of some concern that massage practitioners in the United States instead of embracing their lost respectability and mainline traditions by learning to mastery the many modalities of massage proper, are seduced by a false belief in the virtues of marginal status, of alliances which may never hold because they are rooted in a traditional antagonism, and in modalities which may have some usefulness, but are only secondarily their concern—after their attaining total mastery of the many established methods of massage. In fact, the body of knowledge concerning therapeutic and hygienic massage is so great, and so complex, that there is every reason to believe that massage therapists could be trained to become *Doctors of Massage Therapy*, as the body of knowledge proper to massage is much larger and more complex that that of either chiropractic or manipulative osteopathy.

Manual Methods and Machine Methods for Giving Massage Are Ideologically Compatible

Therapeutic massage is compatible with the use of machines and assistive devices. The tradition of using assistive devices for administering massage goes back at least 2,500 years. **Hippocrates** attached one patient to a saw because its vibrations produced a soothing effect. In ancient Israel, Greece and Rome, bathers were rubbed with *stirgili*, scraping devices wielded by *aliptae*, between rounds of bathing, to remove oils, dirt and dead skin from the surface of their bodies. *Stirgili* were essential tools of the *Apotherapia*, and every professional athlete carried one in his belt. This distinguished professional athletes from everyday athletes, and allowed the citizens of towns they entered to recognize them and accord to them due honors. In the eighteenth century, the **Abbaye St. Pierre**, a professor at the University of Paris, invented the *tremoussoir*, or vibrating chair, to simulate the effect of horseback riding. By this means the chronic constipation of the philosopher, **Voltaire**, and many others, was successfully treated. During the 1850's and 1860's, two Americans and a Swede, acting independently, invented devices to administer massage and assist the performance of **Ling**'s exercises. All were trained at **Ling**'s institute or at institutions close to that tradition, and with the approval of **Ling**'s institute. These **Zander** and **Taylor** machines powerfully influenced thinking about the value of the *Swedish Movements*, and in many hospitals in England and America, **Massachusetts General Hospital**, for instance, it was the machines which first gained entree for the human practitioners of the *Swedish movements*. And the first *physical therapy* departments at hospitals consisted of practitioners of the *Swedish Movements*, by machine and by hand, working side by side. During the 1890's, the invention of the portable electric vibrator renewed interest in machine driven massage as a labor saving technology for massage therapists. But over use of some machines and inappropriate sexual misuse of others, as revealed by the *Massage Scandals of 1894*, tainted the use of machines, and except within closely medically supervised physical therapy they fell into disfavor.

Physical therapy has relied heavily on machines, as since World War II a mindset has prevailed which always presumes a mismatch between de-

mand for physical therapy and availability of practitioners. This has led to an attitude which emphasizes making the most effective use of limited resources, or extensive reliance on non-labor intensive interventions, especially, machines.

The Vision of Sports Massage as Legitimate Specialty Discipline within Massage May be Too Narrow for Today's Needs

The contemporary vision of sports massage may be too narrow as it does not take account of the classical significance of athletes. *Sports massage*, as a specialty in its own right, plays a pivotal role in the contemporary vision of how the most renaissance of massage has been and ought to be driven. Massage applied to prestigious athletes at publicly visible events is thought to positively influence public attitudes toward massage in general—especially among those already drawn to physical fitness. *Sports massage* is considered a separate specialty within massage therapy with responsibilities governing pre- and post-event conditioning and the treatment of acute injuries. It is seen as a relatively narrow field serving the needs of people who make extreme demands on their bodies and compete for glory or prizes. But such a narrow view of the field for the administration of massage is inconsistent with our traditions, as in the ancient world physical conditioning was considered a duty of every citizen. The purpose of massage was to prevent injury, if possible, and to treat it, if necessary. In this view, all citizens were considered *athletae*:: all were contenders for important things determined by desire and necessity. Tradesmen and soldiers were trained to ply their crafts effectively, and competitors for prizes and glory, more importantly celebrated their gods and gave honor to their cities, and they all employed massage in the service of their needs. This broader view of who were the *athletae* continued in the writings of **Avicenna**, of **Mercuriali**, of **Hoffmann**, **Fuller** and **Tissot**, and was revived with greatest force through the teaching of **Ling**. Thus, medical gymnastics in his system, just as in the ancient world, evolved out of educational and military gymnastics. People were urged to condition them-

selves, body and mind, so that they could perform their occupations safely with minimal risk of injury or illness. Gymnasiums were established all over Europe and America to serve these dual functions. Gymnasts were trained in these healthful gymnastics just as in ancient Greece prior to learning the *medical gymnastics*. All players in the game of life were considered the true *athletae*, but abusers of their bodies merely for the sake of glory or a prize were considered outsiders to the Olympian ideal. Gymnastics was considered inappropriate for them because they could not, would not understand it. Thus, it may be appropriate today to emphasize not *sports massage* per se,but a broader specialty, which includes athletics, occupational medicine and orthopedics.

Massage Has Nurtured Many Medical Specialties

Massage has nurtured many medical specialties and techniques, and these demonstrate the value of massage for the modern world, even though today, many techniques and the linkages to classical massage have been forgotten.

Gynecology's move into the twentieth century was in part due to the efforts of **Major Thure Brandt**, a *Swedish gymnastics teacher* who graduated from the **Royal Central Gymnastic Institute**. He extended out thinking on the benefits of *passive movements* from skeletal muscle to smooth muscle. He developed non-operative surgical techniques for treating problems of the colon and uterus, and many later followers extended his thinking to the kidneys, ureters, liver and gall bladder. He pioneered use of the *bi-manual technique* which remains a mainstay of gynecological examination. His method was among the most popular in medicine from the 1880's through the 1940's in America, and it is still practiced in France and in Russia. Recently in America, **George Thiele**, a Missouri proctologist, rediscovered a similar method for treating rectal pain of muscular origin.

In *Ophthalmology*, techniques were developed to treat glaucoma using counter pressure, and to remove cataracts using a combination of pressing and cutting. Today, massage is frequently used to reduce scar formation following surgery. *Acupressure* and *ocular gymnastics*, today, as in the

past, have been used to treat and prevent occupational eye strain. Massage is continually being rediscovered in *ophthalmology*, with little recognition of what has gone before.

In *Otorhinolaryngology,* techniques were developed to treat infectious children's diseases by manipulation. Mastoids, adenoids and parotid glands were drained successfully without overwhelming the immune system, and the use of risky operative surgery was spared. Hearing loss, tinnitus and and vertigo were treated *homeopathically* using manual, mechanical and sonic vibrations. Today in China, *Meniere's Disease*, a crippling disease of the inner ear, is treated successfully using *acupressure massage.*

In *cardiology*, the use of massage in cardiac emergencies was first described by the Renaissance physician, **William Harvey**, who discovered the circulation of the blood. He reported a case of intractable dysrhythmia cured by vigorous sternal compressions. In the nineteenth century, **Oertel**, a German, developed a method to treat chronic cardiovascular disease using sternal compressions and assisted respirations. By accident it also proved its benefit in thwarting cardiac arrest. Dysrhythmias, valvular heart disease and hypertension were and are treated using methods to modify the level of arousal of the autonomic nervous system, or to directly influence the vascular system through carotid stimulation. During the 1920's, *heart massage* and *carotid artery massage* entered the realm of general medicine and the connection to *classical massage* was forgotten.

In *orthopedics*, massage oriented physicians pioneered the treatment of structural deformities of the spine and trauma to the long bones and surrounding tissue.

In *neurology*, massage treatment of paresis, palsy and paralysis, as well as alterations in consciousness, extends back to the Romans. **Coelius Aurelianus** in the third century used frictions to stimulate the comatose, and generations of physicians used vigorous frictions with lard to reduce fevers, and to steal delirious fever victims from the jaws of death. **Mary, Queen of Scots**, was saved in such a manner by her physician, **News**, during her fight with typhus. Massage with brushes or flannels soaked in irritating oils was used to revive stroke victims and epileptics, by **Tissot** and **de Puy**, for instance, from the late eighteenth to the early nineteenth centuries, and is today still used today by occupational therapists in the treatment of chronic, withdrawn schizophrenics. In addition, vascular and

muscle contraction headaches have been treated both in the past and in the present using *classical massage*, *manual nerve vibrations* and *acupressure*. Recently, a group of Germans successfully used *acupressure* to arrest grand mal seizures in children.

In *rheumatology*, massage oriented physicians pioneered the development of theories concerning the cause and treatment of myofascial pain. **Fritz Lange** and **Walter Ruhmann** developed *Geliotripsis* as a technique to erase *myogeloses* in painful muscle. They were said to be indurated, nodular areas which were thought to be the foci of pain.

In *obstetrics*, massage oriented physicians of the nineteenth century, guided by the experience of non-Western cultures, applied massage to ease the pain of labor, to correct fetal malpositions, to augment and to accelerate labor. More recently massage has been applied to prevent vaginal lacerations and reduce the need for prophylactic episiotomies, to treat pain, hemorrhage and swelling of the perineum following delivery, and to facilitate uterine involution. *Acupressure* has been used to treat the morning sickness of pregnancy, and *ice and vibration massage* have been used to treat low back pain such as often occurs during the third trimester.

In *dermatology* and *plastic surgery*, massage has been used to manage external and internal scar formation: to minimize excessive collagen elaboration in the early healing stages, to wear down disfiguring keloids; to prevent and break down contractures in scar,and to prevent adhesions and capsule formation, and thus, to restore mobility.

In *vascular surgery*, or *lymphology*, massage has contributed as a rehabilitation tool to minimize the risk of thrombus formation in the lower extremities of bedridden patients; to drain edema due to mechanical obstruction; and to generate collateral lymphatic channels and to restore normal function of that system following surgical trauma, especially radical mastectomy.

In *gastroenterology*, massage has been used as an alternative to external chemicals to treat hyperactive bowel and mechanical constipation; to dissipate post-operative bowel gas; and to prevent and interrupt nausea and vomiting due to pregnancy, surgical anesthesia and cancer chemotherapy.

In *psychiatry*, massage has been used as a tool to stimulate or to relax the overtaxed executive, the nervous athlete and the clinically anxious or depressed psychiatric patient. It has been used to treat insomnia, to re-en-

gage back ward schizophrenics, and to provide a socially acceptable context for comforting and engaging touch for the mentally retarded, the terminally ill, socially isolated geriatrics, and brain injured patients demonstrating inappropriate touching behavior during the post-acute phase. It has been used to treat muscular and vascular headaches concomitant to mental illness.

In *pediatrics*, massage has been used as an alternative to drugs, in medication resistant children, and with premature neonates, it has served as a beneficial way of stressing patients toward accelerated physiologic maturation.

Massage has contributed greatly to the repertoire of acute and chronic treatments in medicine.

There Are Many Effective Techniques of Massage

The range of massage techniques promoted today is broad, but only a handful are supported by a significant, serious journal literature. But none of these methods originated in the United States. All had their origins in Europe, Oceania or Asia.

Classical massage is best known here; it is supported by the broadest and deepest literature; and when the type of massage is unspecified in the literature what is typically meant is *classical massage*. We call *classical massage Swedish massage*, a pale echo of **Ling**, but in fact it was invented and popularized in France and Holland by **Estradere** and **Mezger**. Later, two Swedes, **Berghmann** and **Helliday**, who were students of **Mezger**, tried to integrate **Mezger**'s ideas with **Ling**'s, teaching, though divorced from the other *Swedish movements*. *Swedish massage* was born.

It consisted, then as now, of strokes given French names: effleurage, petrissage, massage a friction, tapotement and vibration. Its purpose was primarily mechanical, to improve venous return and lymphatic return flow, and to thus reduce edema and improve nutrient and waste exchange. In the late nineteenth century, is was called, for these reasons, *Nutritional Gymnastics*.

It developed a large following in Europe and America. All the best

practitioners learned this method, and it formed the nucleus of school curricula, increasingly more so as massage was divorced from medical gymnastics and went its own way. For instance, most textbooks from 1880 to 1947 taught this form of massage, and *medical gymnastics*,as a hybrid **Ling-Mezger** system. The Europeans recognized more clearly than us not only its origins in **Mezger**, but its earlier European roots extending back to the ancients, so they called it *classical massage.*

For much of its history, its focus was entirely medical and it was applied as a specific to afflicted bodily regions. Only in the past century has it been applied to the entire body as general massage. The idea of general massage was foreign to **Ling** and **Mezger**. It was applied preparatory to more specific treatment, usually at health spas. This general massage was applied as a tonic to rejuvenate and refresh, and make the specific treatment more endurable. The idea caught on and it evolved into the present form we apply today, often as the exclusive massage treatment. Originally, specific regional treatment was brief. **Mezger** advised that it be given for no more than twenty minutes at any sitting so as not to fatigue the patient. But as general massage came to the fore, treatment time was extended to from forty five minutes to an hour.

But it was by this means operator fatigue and cost of care became important issues during the 1890's, and made massage operators more receptive to assistive machines and new techniques for giving care.

Vibration massage was the first of the new innovations to take hold following the *Lingian* revolution. It had its origins in the writings of **Hippocrates**, and in the late eighteenth century it surfaced once again as the **Abbe St. Pierre** invented a vibrating chair to simulate the effect of horseback riding. It enjoyed great success in the treatment of constipation—then, a malady of epidemic proportions.Ling himself recognized its importance in relieving pain and gastrointestinal distress. He wrote about it at length as did his successors and disciples at the **Royal Central Gymnastic Institute**.

Jonas Guataf Zander in Sweden and the brothers, **Charles Fayette Taylor** and **George Henry Taylor**, independently invented machines to apply all of the *Swedish active, resistive and passive movements*, including massage. The devices were envisioned as labor saving tools: to provide all the benefits of the *Swedish Movements* in a time during which the demand

for therapists exceeded the supply. And they were seen as quality control tools to perform the movements always the same, and this was seen as a godsend by the therapists themselves in cases of movements awkward to apply or difficult to sustain. By virtue of these machines which progressed from hand driven to steam to electric, many hospitals saw the value of physical treatments. And hospitals such as **Massachusetts General Hospital** established **Zander** departments and these served as the cost and time effective nuclei of manually given massage departments. In 1892, *vibration massage* treatment of the mentally ill was extended to the patients of the **Topeka State Hospital**.

But even as the use of machines was proliferating, other innovators rediscovered the value of hands on *vibration massage*. **Henrik Kellgren** of Sweden and **John Mortimer-Granville**, acting independently, augmented the *Swedish Movements* with techniques called *Manual Nerve Vibrations* and *Manual Nerve Frictions*. The goal of treatment was the relief of pain, spasm and inflammation by reflexive means. In the early twentieth century, **Edgar Ferdinand Cyriax, James Cyriax**'s father, and his mother **Annjutka Kellgren-Cyriax**, the daughter of **Henrik Kellgren**, became the most prolific and ardent proponents of the use of *manual nerve vibrations*. **Edgar**, for instance, wrote more articles about massage in his long career than any other person in history.

Later, in the 1890's, not long after the electric vibrator was developed, several Americans pioneered techniques for applying vibration using using mechanical probes along spinal segments in lieu of surgery to produce various specific effects on target organs. This movement acknowledged the contributions of **Zander**, the **Taylors, Kellgren** and **Cyriax**, but divorced itself from association with massage, as many disreputable and ill-trained massage practitioners were using vibration massage incompetently in legitimate clinics or in thinly disguised brothels. *Vibration massage* was adopted as one of its tools by the *electrotherapy movement* in which it remained until the 1930's when advances in pharmacology and operative surgery led to its abandonment.

In Germany, during the 1920's, **Alphonsus Cornelius**, independently rediscovered *manual vibrations*, and called his system **NervenpunkteMassage**. It amassed a sizeable literature, though little outside of Germany and it was soon forgotten.

During the 1980's vibration massage was rediscovered once again by a Swedish physiologist, **Thomas Lundeberg**, who conducted several controlled clinical trials of the effects of vibration upon pain. He discovered that *vibration massage* significantly reduces chronic musculoskeletal and neurogenic pain and that it does so through mechanisms other than the endorphin system. (What this discovery means is that vibration can be combined with other massage methods which operate through the endorphin system, and a combined, or additive effect will be obtained for pain relief.)

Other Swedes, **Hagbarth** and **Eklund**, discovered the value of vibration in relieving muscle spasm and in pleasantly stimulating the chronically disabled.

n Russia, *vibration massage* has been used for twenty years to modulate the level of tension of athletes to optimum performance levels just prior to their performing, and it has been used as surgery in several gynecological conditions.

In the present age, an American lay practitioner of massage who has never published anything and who is little known outside his circle of intimates, **Keith Lewis**, has employed a composite manual
and vibrational technique for the relief of pain and spasm. His method has worked on me, and he is one of the few who have relieved the almost constant pain from which I suffer. His method, ought to be better known.

Vibration massage has had a dynamic and an exciting history, with many innovators, and a synergy between many schools of thought. But today its province is limited to but a few physical and occupational therapists. Its rich array of possibilities for treatment has been forgotten. It ought to re rediscovered once again.

Ice massage and the application of ice packs to reduce swelling, relieve pain and arrest hemorrhage, has a tradition behind it, like many, extending back to **Hippocrates**. The term *ice massage* came into being only in 1899 with the writings of **William Ewart**, but it is likely that many have applied it without knowing through the many generations between **Hippocrates**' and our own. Many controlled clinical trials have appeared over recent years extending out its uses in many areas of the acute treatment of injuries, and it is a mainstay of the athletic trainer and sports massage therapist. Our own **Harold Packman**, is the most eloquent contem-

porary proponent of this modality of massage, and it, too, ought to be better known.

Many reflex zone therapies have arisen over the years, in part inspired by the thinking and practical successes of the many innovators in *vibration massage*, but none has caught on to any great extent in America with the exception of *Zonetherapy*, which was the parent to the *Compression Massage* or *Reflexology* of **Eunice Ingham**.

William Henry FitzGerald, a Connecticut throat surgeon developed a method he called *Pressure Anesthesia*, or *Zonetherapy* just prior to the beginning of World War I, which he felt would revolutionize pain control, particularly in dentistry. He divided the body into vertical meridians which he called zones, and argued that anesthesia could be produced within these zones by stimulation of points within them. He always digressed in to pragmatics and description of zones, and never provided a theoretical explanation that anyone could accept. As novocaine was coming into vogue at the same time, his method never caught on and was abandoned.

During the post World War I period, a German physician, **Wolfgang Kohlrausch**, developed a technique which he called *Reflexzonarzten-massage*, which involved the application of superficial strokes on certain regions of the body for the relief of pain and the production of other specific effects. The outbreak of World War II thwarted its popularization.

By the end of World War II, **Elizabeth Dicke** in 1948, developed a method akin to **Kohlrausch**, which she called *Bindgewebsmassage.*, or *Connective Tissue Massage*. Several years later, a German physician, **Hede Teirich-Leube**, teamed up with **Dicke**, and the the method gained increasing attention from physicians in Germany and France. Later still, **Kohlrausch** saw commonalities between his method and and hers, and aligned himself with her. The value of her method was supported by many controlled clinical trials demonstrating its effectiveness in treating chronic pain, insomnia, anxiety and nocturnal enuresis.

In the 1980's, **Eugen Vogler**, a German, developed *Periosbehandlung* as a variant reflexive technique in which pressure was applied to peripheral nerves as they passed over periosteum where a solid grip could be obtained without fatiguing the operator.It generated one book and several articles, but it never caught on outside of Germany.

Acupressure massage, or sustained pressure applied over acupuncture

points according to oriental meridian doctrine or independent of it, has been known in the West since the eighteenth century, but since the 1970' s it has built a substantial literature characterized by many controlled clinical trials supporting its use to inhibit grand mal seizures, to prevent and treat nausea and vomiting, headache, eye strain, vertigo and acute and chronic pain.

Shiatsu, or *finger pressure massage*, a recent adaptation from Chinese *acupressure*, has a small literature associated with it, and no controlled clinical trials.

In Russia, *acupressure* and acupuncture are grouped together as *Reflexotherapies*, as they recognize the reflexive nature of the effects.

The literature on *acupressure* makes a powerful argument to the medical community which ought to be used by massage therapists to advance this modality beyond the realm of faith and dogma.

Glucokinesis was a technique developed by the French orthopedic surgeon, **Just Marie Marcellin Lucas-Championniere** for the relief of pain and inflammation secondary to fractures. It applied light touch to the injury site and must certainly have exerted reflex effects. Though it was one of the most popular massage techniques from the 1870's through the 1940's it has been forgotten.

Lymphdrainage massage was developed by **Emil Vodder**, an Danish physiologist, in the post World War II period, but it didn't catch on until the 1970's when it attracted a following primarily of German and French speaking vascular surgeons who wrote about it extensively and conducted many controlled clinical trials supporting its effectiveness in the treatment of cellulitis, headache, and especially, post-mastectomy lymphedema. **Robert Harris**, a lay massage practitioner in Vancouver, Canada, is the most eloquent North American advocate of this method.

Transverse Friction Massage, which was developed during the 1930's by **James Henry Cyriax** is probably the most popular contemporary massage method. It is the only massage method well accepted by physical therapists in England as well as America, and several clinical trials as well as much clinical research support its use in the treatment of acute musculoskeletal injuries to break down adhesions and to accelerate restoration of function.

Geliotripsis is a method developed during the 1930's by **Fritz Lange**

and **Walter Ruhman** as a means of erasing tender points in muscle thought to be associated with rheumatic pain by sustained attention to nodular areas in muscle in an attempt to wear away and drain fibrous indurations of muscle, myogeloses, which are thought to be the cause of pain. Though contemporary lay practitioners of massage often speak in similar terms about the problem and its solution, no literature has been produced on the subject since the 1940's.

Comparatively recent methods, which have developed within chiropractic or manipulative osteopathy, have only recently begun to generate a scientific literature substantiating benefits.But modern massage methods, which have originated here, among lay massage practitioners or physical therapists, such as *Neuromuscular Massage Therapy*, or *Myofascial Release*, though popular, have generated no literature beyond that which makes anecdotal claims to support their efficacy.

Conclusion

Let me say now in closing:

Massage has been celebrated by individuals and by nations.

In the nineteenth century, Sweden, Prussia and Russia established gymnasiums with state monies and opened them up to all who wished to learn.

In this century, some nations have symbolically celebrated massage through the issuance of postage stamps celebrating its heros and its methods: Sweden in 1939, the hundredth anniversary of **Ling**'s death, issued stamps to convene a world wide **Lingiad**, a gymnastics festival, to be held throughout Europe to celebrate **Ling**'s contribution of the educational, military and medical gymnastics, but the timing of this great occasion was bad, as the beginning of World War II, interrupted the festival before it hardly began.Again, in 1949, Sweden attempted to celebrate **Ling**, and convene another **Lingiad**, but the timing was again very bad, as Europe was decimated by poverty due to the effects of World War II, which had recently ended. Discouraged, they never attempted to celebrate him again. In 1976, the Netherlands issued the *Circle of Caring Hands* to celebrate the use of manual methods for the treatment of rheumatism. It depicted a man-

dala of hands encircling a suffering patient. In 1988, France issued *Le Thermalisme*, a celebration of the spa. On it the full regimen of care was inscribed: taking the sun, taking the climate, drinking the water and receiving massage, under the influence of heat.

Massage is the handmaid of medicine, the *Apotherapia* or perfect treatment. It ought to be celebrated again.

Let us remember the words of **Douglas Graham**,M.D., the most prolific American advocate of massage,

"The history of massage is coeval with that of mankind and worthy of being preserved. Its mode of application can be cultivated as an art second to none that the human hand can perform having a harp of more than a thousand strings on which to play. Its range of usefulness is increasing all the time, and has long since extended into every special and general branch of medicine, so that he who would keep pace with its developments must be well informed in all departments of the healing art."

Let us remember, then. Let us celebrate. And let us seek in all that we do to make it so.

FINIS